

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (NAME): <div style="text-align: right;">Proposed Conservatee</div>		
DECLARATION OF MEDICAL OR ACCREDITED PRACTITIONER		
		CASE NUMBER:

I, (name): _____, hereby state:

1. a. ☐ I am a duly licensed medical practitioner, and the proposed conservatee is under my treatment. My office is located at (address): _____
- b. ☐ I am an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the proposed conservatee. The proposed conservatee is under my treatment. My office is located at (address): _____
2. The proposed conservatee is unable to attend the court hearing on the petition for appointment of a conservator set for (date): _____ and will continue to be unable to attend a court hearing ☐ until (date): _____ ☐ for the foreseeable future because of medical inability. Supporting facts are ☐ stated below ☐ stated in attachment 2.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): at (place):

(Signature of declarant)

Emotional or psychological instability shall not be considered good cause for the absence unless, by reason of the instability, attendance at the hearing is likely to cause serious and immediate physiological damage to the proposed conservatee.